



| For Office Use Only |                 |
|---------------------|-----------------|
| Date rec'd: _____   | Check # _____   |
| Amount: _____       | Permit #: _____ |
| Rec'd from: _____   |                 |

## MINOR INSTALLATION PERMIT APPLICATION FOR UNDERGROUND STORAGE TANKS

### Where is the work being conducted?

### Facility Owner information

|                     |      |                  |      |
|---------------------|------|------------------|------|
| Facility Name:      |      | Name:            |      |
| Physical address:   |      | Mailing address: |      |
| City:               |      | City:            |      |
| Zip:                |      | State:           | Zip: |
| Phone:              | Fax: | Phone:           | Fax: |
| Facility ID Number: |      |                  |      |

Date of proposed work \_\_\_\_\_

Licensed installer or inspector \_\_\_\_\_

Please complete the following table for each tank system you are working on.

| Tank #                  | THIS LINE FOR OFFICE USE ONLY |  |  |  |
|-------------------------|-------------------------------|--|--|--|
| Tag Number              |                               |  |  |  |
| Tank Capacity (gallons) |                               |  |  |  |
| Substance Stored        |                               |  |  |  |

Please supply the UST operating tag number (Tag #) for each activity below. This number is necessary for identifying which tank(s) you are working on.

I am applying for a permit for (check all that apply):

Tag # Tag # Tag # Tag #

|   |  |  |  |  |
|---|--|--|--|--|
| <input type="checkbox"/> Spill bucket replacement   |  |  |  |  |
| <input type="checkbox"/> Installation of boots or offset sleeves on tank risers               |  |  |  |  |
| <input type="checkbox"/> Booting of flex connectors on product or vent piping                 |  |  |  |  |
| <input type="checkbox"/> Repair or replacement of impressed current cable(s)                  |  |  |  |  |
| <input type="checkbox"/> Removal or installation of a ball float vent valve (existing risers) |  |  |  |  |
| <input type="checkbox"/> Installation of a drop tube  |  |  |  |  |
| <input type="checkbox"/> Installation of a drop tube shutoff valve                            |  |  |  |  |
| <input type="checkbox"/> Extension or replacement of vent standpipe                           |  |  |  |  |
| <input type="checkbox"/> Decommissioning of monitoring well                                   |  |  |  |  |
| <input type="checkbox"/> Addition of external overfill alarm to existing ATG                  |  |  |  |  |
| <input type="checkbox"/> Installation of auto dialer on existing leak detection panel         |  |  |  |  |

**I certify that the information contained in this application is true and correct, and that I am authorized to request a permit for the proposed action(s).**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am the: ☐ Owner ☐ Licensed Installer ☐ Representative of Licensed Installer/Remover

### Mail Completed Applications to:

Department of Environmental Quality  
Waste & Underground Tank Mgmt Bureau  
PO Box 200901  
Helena, MT 59620-0901  
**Phone: (406) 444-5300**  
**Fax: (406) 444-1374**

### Permit Review Fee: \$50/permit\*

\* Omit \$50 base permit fee if you are submitting this Minor application with a Major Installation application packet or Closure application.